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| CONSENT FOR TELEHEALTH CONSULTATION |

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to engage in teletherapy with Dr. Deisy C. Boscán, Ph.D. Telehealth is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I acknowledge that teletherapy involves the communication of my medical/mental health information, both orally and/or visually through a technological media.

Teletherapy, as psychotherapy or psychological treatment sessions conducted in person, has the same purpose or intention. Due to the nature of technology used, I acknowledge that teletherapy may have a different experience than face-to-face treatment sessions.

To conduct telehealth conferencing appointments, we will be using the technological service Telehealth by SimplePractice. In order to maintain confidentiality, I will not share my telehealth appointment like with anyone unauthorized to attend the appointment. The technological service Zoom will be used to conduct conferences requiring access with 2 or more people in different locations.

I understand that I have the following rights with respect to teletherapy:

1. I, the client, need to be a resident of California. (This is a legal requirement for psychologists practicing in this state under a CA license.)
2. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment,
3. Even during teletherapy, the laws that protect the confidentiality of my medical information still apply. Therefore, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which as described in the general Consent Form I received at the start with Dr. Deisy C. Boscán, Ph.D.
4. I understand that a telehealth consultation has potential benefits, such as easier access to care and the convenience of meeting from a location of my choosing.
5. I understand there are possible risks to the technology, including interruptions, unauthorized access, and technical difficulties. I understand that Dr. Deisy C. Boscán, Ph.D., or I can suspend the telehealth consult/visit if it felt that the videoconferencing connections are not acceptable for the situation and finish the session by phone. The phone I would prefer to use in that situation is:

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1. I accept that telehealth does not administer emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am experiencing suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Line at 1-800-273-TALK(8255) for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in the future, Dr. Deisy C. Boscán, Ph.D.,, will recommend more appropriate services to best help you.
2. If I am not in a private room while participating in teletherapy, I understand that there is a risk of being overheard by anyone near me. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) planning for a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.
3. I understand that the circulation of any personally identifiable images or information from the telehealth interaction to researchers or other parties shall not occur without my written consent.

**I have read, understand and agree to the information provided above regarding telehealth:**

Client’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Minor, Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_